FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 18 1948

Registration District No. 1128

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 32581

Registrar's No. 880

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town SPRINGFIELD (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: O'REILLY VA HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 96 days
In this community 96 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State KANSAS (b) County Labette
(c) City or town PARSONS (If outside city or town limits, write "RURAL")
(d) Street No. 1924 GRAND (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HERBERT W. GILTNER
3. (b) If veteran, name war WW II
3. (c) Social Security No. Unknown

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ——
6. (c) Age of husband or wife if alive — — years

7. Birth date of deceased November 13 1913 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
34	10	29	hr. min.

9. Birthplace PARSONS, KANSAS (City, town, or county) (State or foreign country)
10. Usual occupation Self employed
11. Industry or business

FATHER
12. Name Oscar H. Giltner
13. Birthplace Parsons, Kansas (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Cora Lawrence
15. Birthplace Parsons, Kansas (City, town, or county) (State or foreign country)

16. (a) Informant Veterans Adm. Records
(b) Address VAHospital, Spraingfield, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation Parsons, Kansas

18. (a) Signature of funeral director Gorman-Scharpf Fun. Home
(b) Address Springfield, Missouri

19. (a) 10-18-48 (Date received local registrar) (b) W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12 year 1948 hour 6:10 minute P M.

21. I hereby certify that I attended the deceased from July 8, 1948 to Oct. 12, 1948;
that I last saw him alive on Oct. 12, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, Pulmonary Bilateral, Extensive.
Tuberculosis of Liver.
~~xxxx~~ Tuberculosis of Spleen, Ulcerative Tuberculosis Enteritis

Duration

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Same as above.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature P. E. Eisele (per A.B.) (M. D. or other)
Address VA HOSPITAL, SPRINGFIELD, MO Date signed 10/13/48

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Gene L. Hunter, Registered Apprentice No. 291, working under my personal supervision.

Signed Lewis Hackett

Licensed Embalmer No. 3802

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.